Chapter 15 Emerging Populations and Other Groups of Interest

Chapter 15 provides a brief profile of three emerging populations for the purposes of HIV/AIDS prevention and service planning based on national literature and data sources as well as Massachusetts based data and literature where available. These alternate sources of information are used in this chapter because limited HIV and AIDS data are collected in Massachusetts for the three populations profiled, transgender individuals, deaf and hard of hearing individuals, and mentally ill individuals. While these populations represent only a small selection of all emerging and vulnerable subgroups of interest to HIV/AIDS prevention and service planners, the MPPG Epidemiologic Profile Advisory Committee specifically identified these three. Future issues of this report will expand upon this list to include additional populations of interest.

I. Transgender Individuals

In the U.S., the American Psychiatric Association estimates the prevalence of transgenders as 1/30,000 (born) males and 1/100,000 (born) females.

Most of the relevant research examines HIV prevention and services, commonly by studying male-to-female (MTF) transgender individuals. This research shows that transgenders are at high risk for acquiring HIV. MTF transgenders appear to be at particularly high risk; in one study in San Francisco of 392 MTF and 123 female-to-male (FTM) transgenders, 35% of MTF study participants tested positive for HIV, compared to 2% of FTM participants. Additionally, within the MTF population surveyed, African-Americans were disproportionately affected, with 63% testing positive for HIV[1]. A study of MTF transgenders in Los Angeles found 22% to be HIV-positive, and another study sampled 53 MTF sex workers in Atlanta; 68% were found to be HIV-positive.[2,3]

Data from publicly funded HIV Counseling and Testing (C&T) sites in Massachusetts indicates that in 2000, there were 144 tests administered to clients who identified as transgendered, of which 1.4% were positive. Across race/ethnicity, 50% of tests administered to transgender clients were among Whites, 27% were among Hispanics, and 17% were among Blacks. These numbers likely represent an undercount of the total number of transgenders tested at publicly funded HIV C&T sites due to inconsistencies in the methods of reporting.

Behaviors that put MTF transgenders at risk for infection with HIV include high-risk sexual practices, low use of protection, sex work, and sharing needles to inject hormones and other drugs.[4,5] Among FTM transgenders, a history of unsafe receptive anal sex and needle sharing have been reported.[5]

Based on MDPH-funded ethnographic research in Boston, transgenders' sexual and injection risks for HIV are thought to arise from three main sources: social stigma and related negative self-image; economic vulnerability and related prostitution and substance use; and the need for identify affirmation.[6] Discrimination and a lack of education and job opportunities have also been found to contribute to drug and alcohol use in this population.[7]

In 1997, Abt Associates performed a study of young MSMs in Massachusetts to elicit information on their lifetime sexual history, sexual behavior, self-identification as an MSM, alcohol and substance abuse, and self-perception of HIV risk.[8] 25 of the 267 young MSMs who answered the survey described themselves as transgendered. The transgender respondents reported younger sexual debuts than other MSMs surveyed; most had sex by the time they were 13 (compared to about one-fifth of other MSMs). In addition, 70% of transgendered respondents had met sexual partners in anonymous locations such as bathhouses, books stores, or cruising areas. Half have traded sex for money, drugs or a place to stay (compared to 20% of other MSMs).

References

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8. Massachusetts Department of Public Health and the Massachusetts HIV Prevention Planning Group. Young Men who have Sex with Men: A study of their HIV risk behavior. July 1997. Prepared by Abt Associates Inc.

See Also

CAPS Fact Sheet. What are the HIV Prevention Needs of Male-to-Female Transgender Persons (MTF)? September 2001.

II. Deaf and Hard of Hearing Individuals

According to the National Center for Health Statistics (NCHS), the deaf or hard-of-hearing population is estimated to be approximately 20 million persons, or 8.6 percent of the total U.S. population. The prevalence of hearing impairment differs according to gender, with an overall prevalence of 10.5 percent for males and 6.8 percent for females. In regards to race/ethnicity, Whites are more than twice as likely as Blacks to be deaf or hard-of-hearing. The overall prevalence is 9.4 percent for Whites, compared to 4.2 percent for Blacks. Non-Hispanics are also more than twice as likely as Hispanics to be deaf or hard-of-hearing. The overall prevalence is 9.1 percent for non-Hispanics and 4.2 percent for Hispanics.

The deaf and hard of hearing population in Massachusetts is estimated at over 350,000 according to the Massachusetts State Association of the Deaf.

Currently national HIV/AIDS surveillance does not collect data regarding hearing status. The only data available comes from the Maryland AIDS Administration which includes a question “Are you deaf or hard of hearing?” on their Counseling and Testing forms. Data are available in Maryland since 1995. Most recent data show that 4.3% of the deaf population in Maryland is infected with HIV. According to the National Coalition on Deafness and HIV/AIDS, 7,000 deaf people are estimated to have HIV in the US.

The two most outstanding HIV risk factors affecting the deaf community are high rates of substance use and a language barrier affecting access to HIV/AIDS prevention education[1]. It is also important to note that unlike other linguistic and cultural minorities, "[f]or those deaf persons who have completed formal education and not yet acquired English skills...it is unlikely that they will ever do so."[2] Many deaf persons have a low level of HIV/AIDS awareness due to their difficulty in getting information from the media, and a lack of prevention programs aimed specifically at the deaf[3]. The lack of prevention education is of particular concern in adolescents as studies have shown that deaf adolescents have large information gaps concerning HIV transmission and prevention[4]. Additionally, the same issues which prevent lack of access to HIV/AIDS information are also present in access to substance use and mental health issues, compounding the problem.

References

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See Also:

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III. Mentally Ill Individuals

Based on data from the Epidemiologic Catchment Area (ECA) study and the National Comorbidity Survey (NCS) it is estimated that approximately 20 percent of those age 18 and older (about 1 in 5 adults) suffer from a diagnosable mental disorder in a given year.

The Massachusetts Department of Mental Health estimates that there are about 44,731 adults (0.98% of the adult population) in Massachusetts with serious and persistent mental illness and severe dysfunction who are likely to need publicly funded mental health services.

Although national HIV/AIDS surveillance does not collect information on mental illness, a number of studies have looked at HIV seroprevalence in the severely mental ill population. Of the 2,873 psychiatric patients tested in 11 studies[1], 7.8% were HIV positive, with rates higher among those 39 years and older, Blacks, and Latinos. In a study of 8,294 Medicaid-insured patients with HIV disease in New Jersey, the results demonstrated that 6% of the patients suffered from schizophrenia and 7 % from a major affective disorder[1]. In comparison, schizophrenia affects only 1 percent of the general population.

Studies with samples of severely mentally ill have found substance use to be a major risk factor in this population[2]. Low knowledge about HIV and high levels of sexual risk behavior have been found in this population as well[3].

References

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